

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/807345	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			1						
2				1					
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TOTAL IND.		↓	1	↓		↓			
TOTAL DEP.		←	19	←		←			
TOTAL CLAIMS			20						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS